Trauma Band ID				**KING COUNTY EMS** **MEDICAL INCIDENT REPORT FORM**	AGENCY INCIDENT NO.

MO.	DAY	YR.	704000	Incident Site & City

Patient Name (Last, First, Middle Int.)

DATE OF BIRTH — MO. DAY YR.   **AGE** Yr. Mo.

GENDER ☐ M ☐ F ☐ Unknown   Pt# ⌐___⌐ Out of ⌐___⌐

Patient Address   City & State   Phone

Patient Health Care Provider   Phone

Name of Medical Person and Facility Contacted

CARDIAC RISK	+/−
Smoker	
Diabetic	
Hypertension	
Family Hx	
High Cholesterol	
CAD Hx	

EYE OPENING
4 ☐ Spontaneously
3 ☐ To voice
2 ☐ To pain
1 ☐ No response

MOTOR RESPONSE
6 ☐ Obeys commands
5 ☐ Locates pain
4 ☐ W'draw. from pain
3 ☐ Flexion to pain
2 ☐ Extension to pain
1 ☐ No response

VERBAL RESPONSE
5 ☐ Oriented
4 ☐ Confused
3 ☐ Inapprop. words
2 ☐ Incomprehensible
1 ☐ No response

TIME ⟶								Notes		
Blood Pressure										
Pulse Rate										
Respiratory Rate										
Consciousness										
ECG Rhythm										
Oxygen										
Medications:										
IV fluids (liters)										
DC Shock / AED Used ☐										

FLOW CHART VITALS

Medications Taken By Patient At Home:

Allergies:

Narrative (Subjective, Objective, Assessment, Plan):

_____
_____
_____
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	EMT	PARAMEDIC
Person Completing Form (PLEASE PRINT)	1	1
X___ Signature of Person Completing Form	2	2
EMS NUMBER	3	3

KING COUNTY MIRF 01/01

AGENCY COPY